

# SUPREME COURT OF NEBRASKA



## ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

Corey R. Steel  
*State Court Administrator*

Ellen Fabian Brokofsky  
*State Probation Administrator*

### MEMORANDUM

TO: ALL NEW EMPLOYEES  
FROM: Administrative Office of the Courts/Probation  
RE: Personnel Information Packet

Congratulations on your new job! We welcome you as a new employee of the Nebraska Supreme Court. The staff of the Administrative Office of the Courts/Probation is available to help you get started and answer any questions you may have.

This payroll packet contains information regarding all benefits available to you as an employee of the Nebraska Supreme Court. It is extremely important that you read all the materials very carefully so the decisions you make regarding insurance etc., are those that best fit your needs.

Please note that any insurance coverage you elect will become effective on the 1<sup>st</sup> day of the months following one full month of employment. You must elect your insurance benefits within 30 days of your hire date. If you do not make your elections within the 30-day time frame, you will be ineligible for coverage until the next open enrollment period. Should you delay your selection and have to wait until the open enrollment period, you will have waiting periods on any pre-existing conditions.

The following is a list of materials included in this packet that need to be returned by your first day of employment so your employment eligibility can be E-Verified:

1. New Employee Status Form or Judicial Information Sheet (judges only)
2. W-4 form
3. Form I-9, Employment Eligibility Verification form
4. Direct Deposit form with a voided check attached

If you have any questions or would like more information after looking at the enclosed Options Guide; you can go to [www.link.ne.gov](http://www.link.ne.gov) and select "Wellness & Benefits" toward the bottom of the page.

To enroll in benefits, please go to [www.link.ne.gov](http://www.link.ne.gov) and sign into the Employee Work Center. You will be provided enrollment instructions, a user ID, and temporary password via email from Personnel.

**RETIREMENT**

All new full-time employees participate in this mandatory benefit immediately upon employment each pay period. Participation is voluntary for permanent part-time employees age 18 or older who work less than 20 hours per week. Nebraska Public Employees Retirement Systems website is [www.npers.ne.gov](http://www.npers.ne.gov).

**PAYCHECKS**

All employees will receive their pay on the last working day of the month via mandatory direct deposit. Paychecks can be split between a maximum of 6 financial institutions. You can view your paycheck by going to [www.link.ne.gov](http://www.link.ne.gov) and signing into the Payroll and Financial Center. You will be provided a user ID and temporary password via email from Personnel.

If you have any questions regarding the benefits available to you or your pay, please contact your Personnel Officer listed below:

Eileen Janssen—Payroll & Benefits for all Court Employees and Judges  
402-471-4427  
[Eileen.janssen@nebraska.gov](mailto:Eileen.janssen@nebraska.gov)

Thelma Smith—Payroll for Probation staff  
402-471-3573  
[Thelma.smith@nebraska.gov](mailto:Thelma.smith@nebraska.gov)

LeAnn Johns—Benefits for Probation staff  
402-471-4890  
[Leann.johns@nebraska.gov](mailto:Leann.johns@nebraska.gov)

## NEW EMPLOYEE STATUS FORM

Court/Probation District: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Employees Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

SEX: Male \_\_\_\_\_ Marital Status: Single \_\_\_\_\_  
Female \_\_\_\_\_ Married \_\_\_\_\_

Ethnic Group: American Indian \_\_\_\_\_ Black \_\_\_\_\_  
Hispanic \_\_\_\_\_ Asian \_\_\_\_\_  
White \_\_\_\_\_ Other \_\_\_\_\_

US Citizen: Yes \_\_\_\_\_ Military Service: Yes \_\_\_\_\_  
No \_\_\_\_\_ No \_\_\_\_\_

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Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Prior Employment with the State of Nebraska? Yes \_\_\_\_\_ No \_\_\_\_\_

Department Name: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

Does your spouse work for another State Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Department Name: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

Permanent: Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_ Hours per Week \_\_\_\_\_

Temporary: Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_ Hours per Week \_\_\_\_\_

Date temporary employment will end: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . (Note: Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
<div style="display: flex; align-items: center;"><div style="flex: 1;">For accuracy, complete all worksheets that apply.</div><div style="flex: 2; border-left: 1px solid black; padding-left: 10px;"><ul style="list-style-type: none"><li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul></div></div>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		<b>2016</b>			
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>					
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)				<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b>		<b>6</b> \$	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>			
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

**Deductions and Adjustments Worksheet****Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$
<b>4</b>	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$
<b>6</b>	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)****Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Instructions for Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
  4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
  5. Sign and date the attestation on the date Section 2 is completed.
  6. Record the employer's business name and address.
  7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.



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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### **What Is the Filing Fee?**

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

### **USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov) or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



**Employer Completes Next Page**



**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
Do Not Write in This Space

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

# Direct Deposit Enrollment Form

Name

Address book #

Agency #

(Please check one: Beginning new deposit \_\_\_\_ or changing existing information \_\_\_\_)

Pursuant to State of Nebraska Accounting policy (#41 & #42), payments for all wages, stipends and expense reimbursements will be made by electronic funds transfer (EFT/Direct Deposit) to your choice of a financial institution or to a state authorized debit card. You must enroll into the electronic funds transfer system if you are to receive any of these payments.

## Payroll or Stipend Payment:

- If you are an employee receiving wages or if you receive a stipend per your appointment, please complete the table below with the appropriate direct deposit information.
- If you are choosing the AccelaPay Debit card option, complete the AccelaPay Debit Card Sign-up Form; enter US Bank in the Bank Name column and leave the account information blank.

Account Information			(S)aving or (C)hecking	Method Code	\$ or % Amount
Bank Name	Routing Number	Account Number			

Method Codes: \$ - Flat amount, % - percent of net pay deposited, R - Remainder of net for deposit

## Expense Reimbursement Payment:

The following Expense Reimbursement information is separate from your payroll/stipend information and must be completed to process the electronic transfer of your reimbursement.

- Please complete the table below with the appropriate direct deposit information.
- If you are choosing the AccelaPay Debit card option, complete the AccelaPay Debit Card Sign-up Form; enter US Bank in the Bank Name column and leave the account information blank.

Account Information			(S)aving or (C)hecking	Method Code		
Bank Name	Routing Number	Account Number				
				E		

## Attachments Required:

When providing new account information for direct deposit, attach one of the following items for verification:

- Blank check (voided)\*
- Photocopy of a check\*
- Letter from your bank listing your routing and account numbers

\* Do not use Deposit Tickets as they sometimes display different numbers from the checking account.

Bank Routing #

Account #

Sign below to complete your enrollment for electronic fund transfer.

I have elected to have my payroll, stipends and expense funds deposited into the account(s) designated above and have supplied the appropriate and correct information with which to set up the account(s).

Employee Name (please print)

Signature

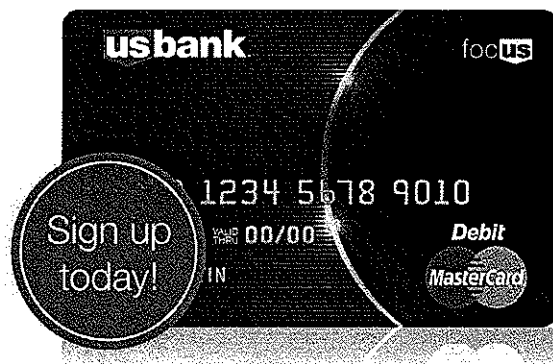
Date

**Please Note:** There have been recent changes to the payment system rules for direct deposit of payroll. If you receive your payroll via direct deposit at a bank located in the United States and then have the entire payroll amount forwarded to a bank in another country, please advise the payroll department (or specific individual with your agency). There are new formatting requirements for these transactions that the State of Nebraska needs to follow. It will not impact your payroll.

**PLEASE TYPE REQUIRED INFORMATION, PRINT, SIGN AND GIVE TO HR**

# Focus Card™

## ENROLLMENT FORM



First Name:

Employee ID

Last Name:

Address:

City:

State:

Zip Code:

Phone Number:

Social Security Number: Do NOT Complete, we have this information

Date of Birth:

Email Address:

### Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card. This authorization will remain in effect until cancelled by me with written notification to my employer.

Signature:

Date:



## State of Nebraska Eligible Dependent(s) Affidavit

Please review the instructions and the definitions for the Types of Dependents Eligible for Coverage under the State Plan, on page (3) of this form. Complete the information below for those dependents who you are currently covering or wish to cover under the health, dental and/or vision benefit plans. Failure to return this affidavit will result in ineligibility for and/or loss of coverage for your dependents.

Eligible Dependent Name Date of Birth/			Gender	Eligible Dependent Relationship to Employee	When requested, I can provide a copy of the legal documents to verify my dependent eligibility	
First Name	Middle Initial MM / DD / YYYY	Last Name	Male / Female	See Dependent Verification Affidavit Instructions for Eligible Types	Yes / No	If No, Please Explain
1						
2						
3						
4						
5						
6						
John A. Doe			Male	Legal spouse	Yes	
1/1/2012						

NOTE: you may attach a second sheet for additional dependents

By my signature on this affidavit, I affirm that all the above information provided on this dependent verification affidavit is true, correct and current as of the date signed. I affirm that all dependents listed above are dependents eligible for coverage under the health, dental and/or vision State benefit plans. I agree to provide legal documentation upon the request of the State of Nebraska. I understand that, if I knowingly submit false information, my dependent(s) coverage may be terminated, dependent benefit claims may be rejected and returned to me for payment and I may be subject to disciplinary action up to and including termination of employment.

EMPLOYEE: \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

If you ARE NOT claiming any eligible dependent(s), please read and sign page two

**ENROLLING NO ELIGIBLE DEPENDENTS**

By my below signature I state that I AM NOT CLAIMING any eligible dependent(s) for health, dental and or vision benefit coverage purposes AT THIS TIME. I understand that I can add eligible dependents at a later date during any open enrollment period.

EMPLOYEE:

Signature

Print Name

Date

## DEPENDENT VERIFICATION AFFIDAVIT INSTRUCTIONS

This affidavit for health, dental and/or vision enrollment of eligible dependents must be signed and returned to your Human Resource representative within 30 days of your employment. Please list all Eligible Dependents, their Date of Birth, Gender, Eligible Dependent Relationship to Employee and whether or not you are able to provide legal documentation if requested to, on page (1). If you need additional room to list dependent(s) please use and attach a supplemental dependent sheet. If you are not claiming any eligible dependent(s) for enrollment in health, dental and/or vision benefit coverage purposes, please read and sign page (2). Please initial all three pages where indicated and return all three pages to your Human Resource representative.

### TYPE OF DEPENDENTS ELIGIBLE FOR COVERAGE UNDER THE PLAN ARE:

1. **Legal Spouse:** Employee's legal husband or legal wife under Federal guidelines, the State of Nebraska does not recognize common law marriage.
2. **Biological Child:** Must be employee's biological or natural born child and is eligible for coverage up to the end of the month in which employee's child turns 26.
3. **Adopted Child:** Must be employee's legally adopted child or a child placed with you for adoption. Is eligible for coverage up to the end of the month in which employee's child turns 26.
4. **Disabled Biological or Adopted Child:** Must be employee's biological, natural born or adopted child. Must be unmarried.  
Must be medically disabled and certified as disabled by our medical provider. Must depend chiefly on you for support and maintenance to remain covered over the age of 26.
5. **Stepchild:** Must be the employee's stepchild, stepchild's biological parent also must be enrolled for coverage on the State's health plan. The employee must be enrolled in family coverage. The Stepchild is eligible for coverage up to the end of the month in which step child turns 26.
6. **Disabled Stepchild:** Must be the employee's stepchild, stepchild's biological parent must also be enrolled for coverage on the State's health plan, stepchild be unmarried, stepchild be medically disabled and certified as disabled by our medical provider. Stepchild must depend chiefly on you for support and maintenance to remain covered over the age of 26.
7. **Legal Ward:** Must be employee's legal ward and have court appointed guardianship. Ward is eligible for coverage up to the end of the month in which ward turns 26.
8. **Disabled Legal Ward:** Must be the employee's legal ward and have court appointed guardianship, ward be unmarried, ward must be medically disabled and certified as disabled by our medical provider, Ward must depend chiefly on you for support and maintenance to remain covered over the age of 26.
9. **Qualified Medical Support Order:** Must have a Qualified Medical Child Support Order from the courts

### LEGAL DOCUMENTS TO SUPPORT DEPENDENT ELIGIBILITY

State of Nebraska is entitled to request and you may be required to provide a copy of one or more documents, to include but not limited to, the following legal documents to support your dependents' eligibility:

- ✓ Marriage Certificate or License
- ✓ Final Adoption Certificate
- ✓ Legal Adoption or Placement paperwork
- ✓ Divorce Decree
- ✓ Medical Child Support Order or Qualified Medical Support Order
- ✓ Birth Certificate
- ✓ Legal Court Documents in support of Guardianship
- ✓ Tax Returns with in the last two years
- ✓ Juvenile Court documents

## **ACKNOWLEDGEMENT OF DOCUMENTS FOR PROBATION PERSONNEL**

### **The Nebraska Probation System Vision Statement**

I, \_\_\_\_\_, have received a copy and understand the content of this document. (Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **The Nebraska Probation System Mission Statement**

I, \_\_\_\_\_, have received a copy and understand the content of this document. (Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **The Nebraska Probation System Code of Ethics**

I, \_\_\_\_\_, have received a copy and understand and agree to abide by the content of this document.  
(Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **The Nebraska Probation System's Values and Beliefs**

I, \_\_\_\_\_, have received a copy and understand and agree to abide by the content of this document.  
(Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- 
1. Original retained in district file
  2. Copy to Employee
  3. Copy to Office of Probation Administration

## **Nebraska State Probation Vision**

Be a nationally recognized leader in the field of justice committed to excellence and safe communities.



## **Nebraska State Probation Mission**

We, the leaders in community corrections, juvenile and restorative justice, are unified in our dedication to delivering a system of seamless services which are founded on evidence-based practices and valued by Nebraska's communities, victims, offenders and courts. We create constructive change through rehabilitation, collaboration, and partnership in order to enhance safe communities.

# **OFFICE OF PROBATION ADMINISTRATION**

## **CODE OF ETHICS**

**The intent of the Nebraska Probation System Code of Ethics is to define our values, beliefs, and conduct by demonstrating responsibility towards our courts, communities, victims, probationers and colleagues.**

**As Probation staff, we commit to demonstrating the highest standards of personal and professional integrity by practicing honesty, respecting the dignity and individuality of human beings, and providing professional and compassionate service. We further resolve to conduct ourselves in a professional manner, so as to avoid the appearance of impropriety and increase the public trust and confidence in the Nebraska Probation System.**

- I will carefully guard my reputation of good moral character and citizenship. I will use time, resources, facilities, and information for their intended purpose.
- I will seek to preserve the dignity and rights of all individuals by practicing courtesy, respect, and responsiveness.
- I will conduct myself at all times in a professional manner regarding appearance, conduct, and speech.
- I will model policies, procedures, and personal practices which will enable others to conduct themselves in accordance with our values and beliefs.
- I will neither accept nor grant favors in connection with my position.
- I will continue to work against discrimination based on race, sexual orientation, gender, age, creed, nationality, cultural, physical or economic conditions.
- I will refrain from activities which conflict or appear to conflict with my official duties and responsibilities, which includes inappropriate relationships, misuse of alcohol/drugs, and unlawful acts.
- I will perform my duties in a timely, relevant, and accurate manner.
- I will exercise professional judgment and not allow external pressures to influence my decisions.
- I will advance my professional competency by continuing education and training consistent with evidence-based practices.
- I will safeguard all verbal, written, and electronic information concerning offenders, colleagues, victims, and others.
- I will report any corrupt or unethical behavior which could affect an offender, colleague, or the integrity of the Probation System.

The Nebraska Probation System is committed to providing its employees with an open and safe work environment. To ensure the rights of all employees, appropriate corrective and/or disciplinary action will be taken.

**This information does not and cannot attempt to detail every incident which could violate the Code of Ethics.**

Approved September 9, 2009

# **Nebraska State Probation Statement of Values and Beliefs**

**To reach our Vision and accomplish our Mission, the Nebraska Probation System  
is guided by the following Values and Beliefs –**

## **We Believe in Dignity, Respect and Integrity:**

*As Officers of the Court, we are held to a higher ethical standard.*

*We take responsibility for treating employees, victims, offenders, and all others with  
dignity and respect in all interactions.*

*Victims of crime are ensured a voice.*

*Staff are valued and respected for who they are and what they do.*

*We appreciate the cultural and gender differences of all.*

## **We Believe in Professionalism:**

*Probation staff adhere to a standard of excellence and  
serve as role models for all offenders.*

*We value and show professionalism toward the courts, victims,  
offenders, colleagues, and community partners.*

*We value a well-trained, highly-skilled professional staff.*

*Being sensitive to the needs of victims and offenders  
is key to the success of our mission.*

## **We Believe in Resourcefulness:**

*We value evidence-based community correctional programming  
as a cost-effective alternative to incarceration.*

*A creative and innovative staff is our greatest resource.*

*Investing in juvenile justice ultimately reduces recidivism.*

## **We Believe in Excellence in Strength-Based Services:**

*Vital to rehabilitation and accountability is community-based  
cooperation and collaboration.*

*Solid Probation practices based on proven research  
is fundamental to our success.*

*Positive change is achievable.*

*Treatment is a means of crime control.*

*Developing competencies in the youth of today  
will lead to better citizens of tomorrow.*

*Building on the strengths of offenders creates  
a basis for positive growth and change.*

## **EMPLOYEE DRESS**

### **Purpose**

The purpose of this policy is to establish basic guidelines for appropriate work dress for employees of the Nebraska Supreme Court. In an effort to maintain a professional appearance as an employee of the Nebraska Supreme Court, staff shall be well groomed and shall present an appropriate image commensurate with the status and dignity of the office. Attire shall be in good taste and reflect the requirements of the job and the working conditions. Employees often have frequent public contact, and their appearance and demeanor convey an impression of the court system. The purpose of this policy is to promote a positive image of the Nebraska Supreme Court, but also to allow for flexibility and considerations of safety, job requirements, and the work environment. Personal neatness, cleanliness, and appropriate attire provide an atmosphere of professionalism and inspire confidence in an employee's ability to deliver services.

### **Applicability**

This policy applies to all employees of the Nebraska Supreme Court operating in court and probation offices and includes interns, volunteers, contract employees, temporary employees, and grant-funded positions. The various offices may have unique operating needs such as public contact and court appearances, and thus, local offices may establish more stringent requirements based on those needs. At no time may an office establish lower standards than those set forth herein, except as needed in individual cases of safety or work needs such as remodeling or moving of offices or equipment. However, employees working in offices that are not accessible to the public shall follow their supervisor's requirements for appearance.

### **Policy**

#### **Courtroom and Community Activities**

Professional attire is required in court and when participating in or attending community activities in which an employee is representing the Nebraska Supreme Court. Professional attire means that employees shall dress in a conventional businesslike manner; for women, appropriate professional attire includes dresses, skirts, dress slacks, and pantsuits, and for men, appropriate professional attire includes collared shirts, ties, suits, or sport coats. Dress shoes are required.

#### **Office Staff Not Required to Attend Court**

Professional business casual is acceptable when not required to attend court. Professional business casual shall mean the following: casual pants, shirt, and dress shoes. Shirts should have a collar or finished edge. Capri or "Gaucho" pants may be worn if they are no shorter than mid-calf length and are worn in the same manner as dress slacks, i.e., with a jacket or dress shirt. Sandals or open-toed shoes may be worn without nylons or pantyhose and only if feet/toenails are properly groomed. No jeans or denim of any color, shorts, or hats are permitted unless specifically authorized by the Administrative Office. In addition, males shall maintain facial hair in a groomed fashion. Professional business casual is required while conducting business during the course of the day and for visits to employers, schools, and service providers.



## Field Work (For Probation Employees Only)

Field Work is defined as visitations to clients' homes or similar locations for the purpose of verifying clients' residence address; conducting a home, vehicle, or personal search; collection of a breath or urine sample; inspection of electronic monitoring equipment; or any other similar activity.

Field Attire shall consist of business casual clothing unless the residence or purpose of the visit warrants a less casual attire. Such less casual attire shall be approved by the Chief Probation Officer or his/her designee prior to the visitation. An attire of less than business casual shall consist of jeans, a collared shirt with a probation logo or similar polo shirt, and casual shoes. No sandals or open-toed shoes may be worn for field work.

## Unacceptable attire

The following is a list of unacceptable attire, not to be considered inclusive, although it is subject to modification by a supervisor or management and the limited exceptions detailed elsewhere in this policy.

- Tank tops, spaghetti-strap tops, strapless tops, or any top that does not completely cover the midriff area.
- Shirts with logos other than a manufacturer, probation, or court logo.
- Clothing with noticeable wear, including ripped, frayed, dirty, or wrinkled clothing.
- Stretch pants or leggings worn without skirts.
- Fleece wear or warm-up clothing.
- Flip-flop sandals, slippers, or Crocs.
- Clothing which, in the judgment of a supervisor or management, is excessively tight, short, low-cut, revealing, or sheer.

## Other Considerations

- Battle dress uniforms (BDUs), cargo pants, "raid-type" jackets, or similar clothing with law enforcement identifiers should not be worn unless in conjunction with conducting a search or home visits in conjunction with law enforcement.
- Tattoos may distract from the normal course of business, and therefore, all visible tattoos shall be concealed during working hours.
- Jewelry and other accessories shall not present a safety hazard nor be offensive to clients and co-workers.
  1. Jewelry shall not be functionally restrictive or excessive.
  2. Jewelry which, by its slogan, color, and/or design, implies a negative connotation is prohibited.

- Body Piercings: Excessive body piercing in nontraditional areas of the body may distract from the normal course of business, and therefore, such piercings shall not be visible.
  1. Although an employee may have parts of his or her body pierced, it is unacceptable for an employee to wear body piercing jewelry or ornaments that are readily visible to others. Examples of unacceptable areas for piercing include, but are not limited to, the following: nose, eyebrows, eyelids, tongue, lips, chin, cheeks, hands, neck, etc.
  2. The normal wearing of earrings in the earlobe is acceptable as long as the number that are worn in each ear is limited to a maximum of three per ear. The wearing of ear gauges is not permitted.
  3. All staff is advised to consider safety precautions in their choice of clothing, jewelry, and shoes.
  4. An employee may request an exemption to parts of these standards based on legitimate medical, religious, or cultural practice.

#### Special Occasion Exceptions

Costumes, holiday specific outfits, or other special event outfits are acceptable for predetermined special occasions/holidays upon preapproval from the Administrative Office.

#### Action to be Taken or Sanctions for Inappropriate Dress

A supervisor may require an individual employee to change clothes in the event that employee's attire does not fit the above criteria. The time required to change such clothes may be considered leave without pay for the employee. Personal neatness, cleanliness, and appropriate attire provide an atmosphere of professionalism and inspire confidence in an employee's ability to deliver services. Subsequent violations may be cause for other disciplinary action.

Approved November 22, 2011

